



Human Resources

**ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS
EQUAL OPPORTUNITY EMPLOYER**

2300 Virginia Avenue Fort Pierce, FL. 34982 – 5652

Telephone (772) 462-1546 Jobline (772) 462-1967

<http://co.st-lucie.fl.us>

APPLICATION FOR EMPLOYMENT

Date: _____

Position(s) Applied For: 1. _____
2. _____
3. _____

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

Name: _____
Last First Middle Initial Social Security #

Present address: _____
No. Street City State Zip

Home Phone: _____ Telephone # where you can be reached: _____

Would you work Full-Time: _____ Part-Time: _____ Were you previously employed by us? _____

List any friends or relatives working for us: _____

Are you a U.S. Citizen? _____ If not, Alien Registration or Visa Classification Form # _____

If your application is considered favorably, on what date will you be available for work? _____

THIS EMPLOYMENT APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED. List below all present and past employment, beginning with your most recent employment and describe all periods of employment including self-employment, unemployed periods and military service. Employment history must be complete. Use additional sheet if necessary.

This application must be filled out completely in order to be considered for an interview. If you are submitting a resume, it may be attached, but the application must be filled out.

If you are claiming Veterans Preference, you must attach a copy of your DD214 or your claim will not be valid.

If you are a college graduate, we must have a copy of your diploma or college record for the degree to be considered during the interview.

Application must be signed and dated.

If you have any questions, please ask at the front office.

St. Lucie County Board of County Commissioners is a Drug Free Workplace.

LENGTH OF EMPLOYMENT

Firm Name

Mailing Address

City and State

--	--

From: Month

Year

To: Month

Year

Salary

Reason for Leaving

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Type of Business

Your Title

Name and Title of Immediate Supervisor

Phone #

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Duties: (Describe, (in detail) the nature of the work personally performed by you)

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Firm Name

Mailing Address

City and State

--	--

From: Month

Year

To: Month

Year

Salary

Reason for Leaving

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Type of Business

Your Title

Name and Title of Immediate Supervisor

Phone #

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Duties: (Describe, (in detail) the nature of the work personally performed by you)

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Firm Name

Mailing Address

City and State

--	--

From: Month

Year

To: Month

Year

Salary

Reason for Leaving

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Type of Business

Your Title

Name and Title of Immediate Supervisor

Phone #

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Duties: (Describe, (in detail) the nature of the work personally performed by you)

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RECORD OF EDUCATION

High School:	College:	Other (Specify)
Name/Address of School: _____	Name/Address of School: _____	Name/Address of School: _____
Course of Study: _____	Course of Study: _____	Course of Study: _____
Check Last Year Completed: 1 2 3 4	Did you Graduate? Yes No	List Diploma or Degree: _____ _____

You will be required to furnish copies of your Social Security card, Drivers license and diplomas at time of employment.
Type(s) of computer(s) _____ Typing Speed _____ WPM _____ Steno Speed _____ WPM
Indicate any other experience, skills or qualifications not mentioned in this application:

Military

If you are claiming Veterans Preference – A copy of your DD214 MUST be attached.

Were you in U.S. Armed forces? Yes: No:	If yes, what Branch? 	Rank at Discharge: 	Type of Discharge:
List duties in the service including special training: _____		Are you claiming Veterans Preference? Yes: No:	
Have you ever been employed by the state or a political subdivision of the state including municipalities? Yes: No:		Date of Duty: (Include month, day and year) From: _____ To: _____	

Legal

Have you ever been convicted of or pled guilty, no contest or nolo contendere to a crime? Yes: No:	If yes, give details (date, place, offense (s), disposition, etc.)
Have you ever been charged with a crime and either been placed on a court ordered probation, have adjudication withheld, or entered a pre-trial intervention program? Yes: No:	If yes, give details (date, place, offense(s) charged, disposition, etc.)

Applicant Driving History: Directions: Please print information EXACTLY as shown on driver's license.

Driver's License #:	State in which issued?	County in which issued?	Type: CDL (class) _____ Operator _____	Name and address if different from application:	If you have not held a Florida Driver's License for the past three years, please give the state in which it was issued.
Is your license currently valid? Yes: No:	Has your license expired? Yes: No:	Has your license(s) ever been revoked? Yes: No:	Has your license(s) ever been suspended? Yes: No: If yes, give complete details.		
List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which offense occurred and disposition of case.			Have you ever completed a Defensive Driving Course? Yes: No: If yes, give complete details: (Month/day/year)		

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the County to investigate all statements contained in this application, to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the County all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the County, including, but not limited to, any liability defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of a background investigation and/or County medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six (6) month training period. I further understand that my employment is at the discretion of the Board and compensation and employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my training period, at the option of either the County or myself. I understand that no supervisor or other representative of the County other than the Board has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the County to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Date

Signature of Applicant

ST. LUCIE COUNTY
EQUAL OPPORTUNITY INFORMATION SURVEY

St. Lucie County is an equal opportunity employer that supports and encourages the concept of Diversity in the workplace. All job candidates are treated equally throughout the employment process. To assist the county in monitoring their program, you are requested to provide the following information. THIS INFORMATION IS VOLUNTARY. Completing or not completing this survey has no effect on the processing of your application.

We appreciate your assistance and wish you success in your employment activity.

NAME: _____

DATE OF APPLICATION: _____

SOCIAL SECURITY NO.: _____

POSITION APPLIED FOR: _____

HOW DID YOU LEARN ABOUT THIS JOB: _____

Date of Birth: Month Day Year

Female Male

Veteran: Yes No Disabled Veteran: Yes No

ETHNIC GROUP: Please identify yourself in terms of the groups below:

White - (not of Hispanic origin) : All persons having origins in any of original peoples of Europe, North Africa, or the middle east.

Black - (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Native American - All persons having origins in any of the original peoples of North America, and who maintain culture identification through tribal affiliation or community recognition.